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## \*BIBDATASHEET\*

CONFIRMATION NO. 1673

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/459,831	<b>FILING OR 371(c) DATE</b> 12/13/1999 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2663	<b>ATTORNEY DOCKET NO.</b> SHAFFER-4-3-	
<b>APPLICANTS</b> MICHAEL S. SHAFFER, LYNNFIELD, MA; HIMANSHU MAHENDRA THAKER, SUMMIT, NJ; CHARLES ALBERT WEBB, RUMSON, NJ; LESLEY JEN-YUAN WU, PARSIPPANY, NJ;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/112,379 12/14/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/19/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 27975					
<b>TITLE</b> COMMUNICATIONS SYSTEM AND ASSOCIATED METHODS WITH OUT-OF-BAND CONTROL					
<b>FILING FEE RECEIVED</b> 3194	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		